

PO BOX 295
TRENTON, NJ 08625-0295

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY — DIVISION OF PENSIONS AND BENEFITS
SUPPLEMENTAL ANNUITY COLLECTIVE TRUST

DESIGNATION OF
BENEFICIARY

THIS FORM SUPERSEDES ALL PRIOR DESIGNATIONS OF BENEFICIARIES FOR THE SUPPLEMENTAL ANNUITY COLLECTIVE TRUST OF NEW JERSEY.

This form applies **ONLY** to the Supplemental Annuity Collective Trust of New Jersey. If you wish to change your beneficiary in your basic retirement system you must write to the Division of Pensions and Benefits for an appropriate form.

PLEASE NOTE: CHANGE OF BENEFICIARY FORMS FILED WITH THE REGULAR RETIREMENT SYSTEM DO NOT CHANGE THE BENEFICIARY ON FILE WITH THE SUPPLEMENTAL ANNUITY COLLECTIVE TRUST.

I _____
LAST FIRST MIDDLE

MAIDEN SURNAME

SOCIAL SECURITY NUMBER

Address _____
STREET CITY STATE ZIP CODE

a member of _____ here by nominate
RETIREMENT SYSTEM MEMBERSHIP NUMBER

NAME OF PRIMARY BENEFICIARY

RELATIONSHIP

SOCIAL SECURITY OR FEDERAL I.D. NUMBER

DATE OF BIRTH

Address _____
STREET CITY STATE ZIP CODE

as the beneficiary who shall receive payment of any and all amounts due or to become due upon my death, IF LIVING;
OTHERWISE TO

NAME OF CONTINGENT BENEFICIARY

RELATIONSHIP

SOCIAL SECURITY OR FEDERAL I.D. NUMBER

DATE OF BIRTH

Address _____
STREET CITY STATE ZIP CODE

In the absence of a specific request, if multiple beneficiaries are named the following shall apply: "Share and share alike, survivor or survivors." Attach a separate notarized sheet to list additional beneficiaries.

The benefit will be paid in a lump sum settlement. However, if the beneficiary is a natural person, he or she may elect to receive the benefit as an annuity under one of the available options.

THIS FORM **MUST** BE NOTARIZED

State of _____, County of _____

DATE

Sworn and subscribed before me this

SIGNATURE OF PARTICIPANT

_____ day of _____, _____

STREET ADDRESS OF PARTICIPANT

NOTARY PUBLIC

My commission expires _____ / _____ / _____
MONTH / DAY / YEAR

CITY STATE ZIP CODE

(If you have an Official Seal, affix it.)

DESIGNATION OF BENEFICIARY CONFIRMATION

ADMINISTRATOR'S SIGNATURE

DATE